

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/048229 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1				51			
2		1		1			52			
3		1		1			53			
4		1		1			54			
5		1		1			55			
6		1		1			56			
7		1		1			57			
8		7		7			58			
9		7		7			59			
10		1		1			60			
11		1		1			61			
12		2		2			62			
13		1		1			63			
14		1		1			64			
15		1		1			65			
16		1		1			66			
17		1		1			67			
18		1		1			68			
19							69			
20							70			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	30		30				TOTAL IND.			
TOTAL DEP.	30		30				TOTAL DEP.			
TOTAL CLMS	31		31				TOTAL CLMS			

PTO-168 (2-78)

-MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS. PRINTING AND FEE PAYMENT ARE SEPARATE.

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